

Proposal Form for "AL-SHAMEL" - Private Motor Vehicle Comprehensive Insurance Policy

1/2

I wish to insure my vehicle(s) under your "Al Shamel" Private Motor Vehicle Comprehensive Insurance. Personal / Company information and coverage required are as stated below:

Details of vehicle(s) owner

Full Name: _____ ID/Iqama No.

Date of birth: _____ Nationality : _____ Occupation/Business: _____
 Tel (Home): _____ Tel (Office): _____ Fax: _____
 Mobile: _____ E-mail: _____ Twitter: _____

Wasel Zone: _____ City: _____ District: _____ Street: _____
 Building No.: _____ Unit No.: _____ Zip Code: _____ Additional No.: _____

Postal Add. City: _____ P.O. Box: _____ Zip Code: _____

Vehicle(s) to be insured	Vehicle 1	Vehicle 2	Vehicle 3
Make / Model			
Color			
Usage of the vehicle			
Expiry date of vehicle registration			
Plate Number			
Chassis Number			
Year of Manufacture			
Seating capacity			
Estimated Value	Vehicle		
	Accessories		
Please ensure that the declared value represents the reasonable market value of the vehicle(s) to be insured.			
Type of plate	<input type="checkbox"/> Private <input type="checkbox"/> Customs <input type="checkbox"/> Trans <input type="checkbox"/> Diplomatic	<input type="checkbox"/> Private <input type="checkbox"/> Customs <input type="checkbox"/> Trans <input type="checkbox"/> Diplomatic	<input type="checkbox"/> Private <input type="checkbox"/> Customs <input type="checkbox"/> Trans <input type="checkbox"/> Diplomatic

Note: Please use separate sheet of paper for more than three vehicles.

Required additional benefits (The benefit will not be covered unless selected)	Vehicle 1	Vehicle 2	Vehicle 3
Personal Accident - Driver only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Accident - Driver and passengers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agency/dealer repairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hire car facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographical Area Extension. Own damage cover - Bahrain only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographical Area Extension. Own damage cover - GCC countries including Bahrain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographical Area Extension. Own damage cover - Egypt, Jordan, Lebanon and Syria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiver of depreciation for total loss claim for vehicle less than 12 months old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Driver Age:

Driver age limit – Required cover	Vehicle 1	Vehicle 2	Vehicle 3
17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> above <input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In case you wish to cover additional drivers please fill in the list of such drivers:

Additional driver age	Name of the additional driver	License no. of the additional driver	Expiry date (Hijri)
17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> above <input type="checkbox"/>			
17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> above <input type="checkbox"/>			

4-2018.VI.MO-31

Please answer the following questions:	Vehicle 1	Vehicle 2	Vehicle 3
Is any of the vehicle(s) hired under a lease purchase contract?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there any special accessories installed other than by the original manufacturer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions:	Yes	No	If Yes, please give details
Have you been insured with Tawuniya or any other company?	<input type="radio"/>	<input type="radio"/>	
Have you been involved in any motor accident(s) or losse(es) in the past 5 years under your responsibility?	<input type="radio"/>	<input type="radio"/>	
Are you eligible for NO Claim Discount?	<input type="radio"/>	<input type="radio"/>	
Do you own any vehicle which doesn't have Insurance at present?	<input type="radio"/>	<input type="radio"/>	
Are you replacing this vehicle with any of your sold vehicle in this same policy?	<input type="radio"/>	<input type="radio"/>	
Is there any special accessories installed other than by the original manufacturer?	<input type="radio"/>	<input type="radio"/>	
Is any of the vehicle(s) hired under a lease purchase contract?	<input type="radio"/>	<input type="radio"/>	
How many Motoring Convictions you made with this vehicle? _____			
How much total fine accumulated to your name because of Motoring Convictions? _____			
What is the gap period for the expiry of last insurance? _____			
How you park your car overnight : <input type="checkbox"/> Own Garage <input type="checkbox"/> Parking Lot <input type="checkbox"/> On Road			

Note: Please use a separate sheet of paper if space is insufficient to provide the answers on this form.

Important Notices & Declaration

- All policy documents should be read thoroughly and carefully in order to understand the covers provided under the policy, as well as the exclusions.
- Own damage claims shall be subject to depreciation clause and deductible(s) stated in the policy schedule.
- I hereby give Tawuniya advance consent to obtain information of me / my Company and/or any vehicle under my / the Company's ownership from the National Information Center.
- I hereby declare that to the best of my knowledge and belief, the above statements and particulars are complete and true and that I have not misstated or suppressed any material facts.
- I declare that I have read and accepted the standard policy wording of Al Shamel Private Motor Vehicle Comprehensive Insurance Policy.
- Tawuniya has the right to review the premium charge or take the necessary actions as provided in the regulatory guidelines, in case of misstatement of claims experience or other material facts.

Choose your Preferred Communication Method to receive renewal notification: SMS Message. Email Address. P.O. Box Address.

Name of Applicant: _____

Signature: _____

Date: _____

Payment Method

 (Cash)

 (Credit Card)

 (Bank)

Credit Card Details

Card Type:







Card No.:

Expiry Date: Month Year

Note: Credit Card should be that of the applicant.

I hereby authorize Tawuniya to charge me the amount of SR _____ as premium contribution on my Credit/Debit Card as per the details given above.

Name as shown on the credit card: _____

Signature: _____

Date: _____

For Tawuniya Use Only

Notes: Vehicle(s) Chassis and body checked by:

Employee Name: _____

Signature: _____

Date: _____

* The insurance products provided by Tawuniya Insurance Company are subject to Value Added Tax (VAT), except life insurance (Takaful). A 5% of the premiums and administrative fees are added to all policies issued starting from 1 January 2018.